## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P97000096219 May 18, 2000 8:00 am Secretary of State J.B.I. HOLDINGS INC. 05-18-2000 90327 045 \*\*\*150.00 Mailing Address Principal Place of Business 9773 SAGO PT DR 9773 SAGO PT DR LARGO FL 33777-4903 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISETT, DEBORAH L Street Address (P.O. Box Number is Not Acceptable) 190 112 AVE NORTH SUITE 809 ST PETERSBURG FL 33716 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 020 Change Addition CE<sub>0</sub> TITLE TITLE Delete NAME NAME ISETT, DEBORAH L STREET ADDRESS 4773 SAGO PT DR STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LARGO FL 33777 Change Addition Delete **PCIO** TITLE TITLE NAME ISETT, JOHN B PHD STREET ADDRESS STREET ADDRESS 9773 SAGO PT DR CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee impowered to recute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with

ED NAME OF SIGNING OFFICER OR DIRECTOR